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ABSTRACT

This paper presents a theory and model for treating adolescent victims of physical and sexual abuse and neglect. The theory examines issues related to abuse or neglect and the effect that an abusive history has on adolescent development. Specific issues noted are depression, anger, low self-esteem, self-shame, lack of trust, a sense of powerlessness, a family history of abandonment, and enmeshment or disengagement. Delayed developmental tasks discussed include adjusting to a changing body and developing a sexual identity; separating from the family and developing an individual identity; exploring the outside world and developing a capacity for intimacy; and developing ethical and moral standards. The treatment described begins with initial intake and treatment planning with other family components at which time the client's mental status, risk of self destructiveness, and the existence of chemical dependency and/or eating disorders are assessed. The second phase of treatment is described as individual therapy to help the client develop trust, increase self-esteem and assertiveness, and develop personal goals. A discussion of group therapy, the primary treatment mode, focuses on a 5-step program in which the adolescent: (1) writes and presents an autobiography; (2) lists strengths and desired changes; (3) describes his abuse and its affect; (4) examines ways he has hurt others and finds alternate behaviors; and (5) assesses his own progress and decides to continue or terminate participation in the group. (ABB)

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ADOLESCENT VICTIMS OF ABUSE: A TREATMENT MODEL

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Paper presented at the Annual Convention of the American Psychological Association, 93rd, Los Angeles, CA, August 23-27, 1985.

ABSTRACT

ADOLESCENT ABUSE VICTIMS: A TREATMENT MODEL

This paper presents the theory and techniques used in a treatment program for adolescent victims of physical and sexual abuse and neglect. The theory examines the issues related to the abuse or neglect and the effect that an abusive history has on the developmental growth of the adolescents. The program utilizes an intake session, and individual and group therapy. A structure of five steps is used to help the adolescents explore how they have been abused, how it has effected them, and the goals that they wish to set for themselves.

ADOLESCENT VICTIMS OF ABUSE: A TREATMENT MODEL

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Presented at the 93rd Annual Meeting of
the American Psychological Association.
Los Angeles, California. August 1985

This paper presents a theory and model for treating adolescent victims of physical and sexual abuse and neglect.[1] The overwhelming numbers of reported abuse cases nationwide[2] has made the acquiring of knowledge about treatment goals and techniques for abuse victims extremely important for many psychologists. Adolescents, in particular, present therapists with specific needs in dealing with an abusive past.

The model was devised at a community agency working with adolescents and their families.[3] The adolescent program is incorporated into other program components to provide an individually designed treatment plan for each client with or without family or surrogate family involvement.

THE THEORY

The theory underlying the model is based on specific issues that adolescents who have been abused experience, and on the observation that adolescent developmental tasks are often impaired because of the abuse. Adolescents who have been abused may experience depression, anger, low self-esteem, self-shame, lack of trust, a sense of powerlessness and a family history of abandonment, and enmeshment or disengagement. They will respond by withdrawing or acting out.

Adolescents who have been abused are often delayed in many developmental tasks. Adjusting to a changing body and developing a sexual identity is very difficult for abuse victims. Those who are sexually abused, may see themselves as desirable only because of what they can offer sexually and become promiscuous. Others may present themselves as asexual

[1]This model is fully described in: Anderson-Merchant, D. Working With The Adolescent Victim of Abuse, Submitted for publication with Learning Publications, Inc, PO Box 1326, Holmes Beach, Florida 33509

[2]American Humane Association. Highlights of Official Child Neglect and Abuse Reporting, 1983. Available from 9725 East Hampden Ave., Denver, Colorado 80231

[3]Storefront/Youth Action, 7145 Harriet Avenue South, Richfield, Minnesota 55423

to avoid sexual encounters. Abuse and neglect victims may feel insecure about sexuality or sex roles because of low self-esteem.

The developmental task of separating from the family and developing an individual identity is hampered in an abusive home. The family may inhibit ideas or values that are different from the parents. They do not provide a secure environment, from which the adolescent can push against or move away from. Adolescents are often expected to play adult roles in abusive families. This creates a double bind for them: they may buy into the role because they want to see themselves as grown up, or because there seems to be no other choice, yet they want to have fun like their peers. The result is often feelings of anger, guilt and confusion.

The task of exploring the outside world and developing a capacity for intimacy is problematic for abused adolescents. They lack ego strength, and the ability to trust or to know when to be open and vulnerable in relationships. They instead choose dependent, abusive relationships.

Adolescents who are abused have extreme difficulty developing ethical and moral standards. Their parents do not display clear expectations with praise or punishment. They learn to avoid parents, rather than make sound judgements. Abused adolescents are often vulnerable to negative lifestyles. They may even break their own values, believing that they are already tainted or deserving of pain.

THE TREATMENT MODEL

The adolescent treatment model includes 1) initial intake and treatment planning with other family components, 2) individual therapy and, 3) group therapy.

Intake

During the intake process, assessment is made as to the clients' mental status, risk of self-destructive action, and the existence of chemical dependency and/or eating disorders. The decision about whether any existing conditions deter the client from the program, or whether adjunctive treatment is required before or during the abuse therapy is made at this point.

Individual Therapy

Individual therapy will begin after intake and will continue for a period of from two sessions to six months, depending on the client's ability to effectively join the group. The goals for individual therapy are to help the client, 1) begin to develop trust, in at least one person, 2) to increase self esteem and assertiveness to a point where he/she can speak up in group and listen and be respectful to other group members, and 3) to develop personal goals and a commitment to work on these goals in the group.

Group Therapy

Group therapy is the primary treatment mode, for several reasons. The shame that clients feel, the need to hide, and the fear that they are soiled or of no value, can be decreased through sharing their secrets with others who understand and accept them. Being able to help others without taking care of them can be self affirming. Joining with other peers helps in the developmental task of reaching out to others, outside of their family. They can learn to trust others. The separation-individuation task of adolescence can be enriched through opening up to themselves and others in an environment that allows individuality, rather than enmeshment, and honest caring, rather than abandonment. The clients' progress in dealing with issues of abuse can be quickened through experiencing others' growth and by being encouraged and pushed by peers, who the victim is sometimes more likely to listen to than adults.

The group utilizes a Five Step Program in addition to allowing clients time to work on individual issues and goals. The steps are given to the clients to do as homework and are then presented in group. The First Step is an autobiography. Clients are given questions to answer to give a general overview of their lives, including family dynamics, significant events, feelings, and thoughts about how their past has affected their personality and behavior. This step allows adolescents a chance to retrospect about their past, to think of themselves as part of a system out of which they were formed and to understand their own uniquenesses as individuals. The group can begin to know and understand new members through their autobiographies. Empathy with members is often enhanced through this step.

The Second Step has two parts. The first instructs clients to make a list of their strengths (what they like about themselves) and a list of what they would like to change about themselves. Writing and sharing their strengths is a way to increase self-esteem and helps in decreasing shame internalization and non-assertive behaviors. The list of what they want to change is used in the second part of Step Two. Here clients set a goal and describe how they will accomplish it. This step addresses the issues of non-assertive behaviors and external loci of control. The effect of accomplishing goals also increases self esteem.

Step Three is the step describing the abuse that they received and the affect it has had on them. A letter is written to the offender and role plays with the "offender" take place in group. The Third Step is placed at this point in the treatment to allow for adequate trust build-up in group. Talking about the abuse is essential in decreasing self blame and shame. Finding out that they are accepted by others after telling their secrets decreases shame. Talking about the abusive situations also diminishes mistaken beliefs such as self blame. Expressing the affect of the abuse on themselves and their feelings to the offender aids in decreasing self depreciation, depression, and self blame.

Step Four looks at how the adolescent has been hurtful to others. Since abusive behaviors are often learned and abuse becomes multigenerational, it is critical to help victims assess themselves in this area. They often worry that they will abuse their children and are sometimes unable to work through their own abuse history without expressing how they have been abusive to others. They are first asked to describe how they were hurtful to others and to examine what needs they were trying to get met or what they were expressing. Alternative ways to express selves and get needs met are then found. Goals are set. The members are encouraged to make amends with their victims.

The Fifth Step is an assessment of their progress in group and a recontracting for further work or time for goodbyes to group members and termination from group. Because abandonment is an issue for many abuse victims, healthy termination is a big step, in itself.

In addition to the weekly group sessions, day long workshops are held to explore such topics as sexuality, chemical use/abuse, and relationships. Non-verbal modes of therapy such as art therapy, creative writing, and use of films and books add a broader base to treatment.

This paper has outlined a theory and model that psychologists can utilize with adolescent abuse clients.